



**CERTIFICATION FOR A DRUG-FREE WORKPLACE
FY 2014 CDBG PROGRAM APPLICATION PROCESS**

- A. Every person or Agency awarded a contract or grant by Milwaukee County for the provision of services shall certify to the County that it will provide a drug-free workplace. By signing and submitting this certification, the undersigned certifies that it and its subcontractors shall provide a drug-free workplace by doing all of the following:
- 1) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited in the person's organization's workplace and specifying the actions that will be taken against employees for violations of the prohibition.
 - 2) Establishing a drug-free awareness program to inform employees about all of the following:
 - a. The dangers of drug abuse in the workplace.
 - b. The person's or organization's policy of maintaining a drug-free workplace.
 - c. Any available drug counseling, rehabilitation, and employee assistance programs.
 - d. The penalties that may be imposed upon employees for drug abuse violations
 - 3) Posting the statement required by Section A.1) of this certification in a prominent place at the Agency's main office. For projects large enough to necessitate a construction trailer at the job site, the required signage would also be posted at the job site.
- B. Agencies shall include in each subcontract agreement language which indicates the subcontractor's agreement to abide by the provisions of Sections A. 1) through 3) if this certification is inclusive of Section A. Agencies and subcontractors shall be individually responsible for their own drug-free workplace programs.
- C. This certification submitted to Milwaukee County is a material representation of fact upon which reliance was placed when entering into a contract agreement. If it later determined that the Agency knowingly rendered an erroneous certification, in addition to other remedies available, Milwaukee County may terminate the contract for default.

Name of Agency

Signature of Authorized Signing Official/Representative

Date

Print/Type Name of Authorized Signing Official/Representative